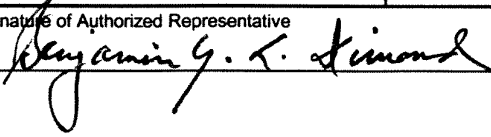
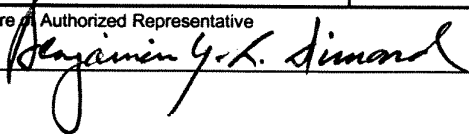


APPENDIX A

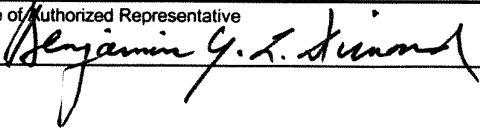
Application for Federal Assistance

		2. Date Submitted	Applicant Identifier
1. Type of Submission: Application: Construction Preapplication:	3. Date Received by State		State Application Identifier
	4. Date Received by Federal Agency		Federal Identifier
5. Applicant Information			
Legal Name City and County of Honolulu		Organizational Unit Department of Budget and Fiscal Services	
Address 530 South King Street, 3rd Floor Honolulu, HI 96813 City and County of Honolulu		Contact Jean Tanji (808) 527-5067	
6. Employer Identification Number (EIN): 996001257		7. Type of Applicant: Other - City and County	
8. Type of Application: Type: Continuation			
		9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development	
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.218 Assistance Title: Community Development Block Grant		11. Descriptive Title of Applicant's Project: Eighth (8th) Year Consolidated Plan	
12. Areas Affected by Project: City and County of Honolulu			
13. Proposed Project:		14. Congressional Districts of:	
Start Date 07/01/02	End Date 06/30/03	a. Applicant First and Second	b. Project First and Second
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process? Review Status: Program not covered	
a. Federal \$13,140,000			
b. Applicant \$0		17. Is the Applicant Delinquent on Any Federal Debt? No	
c. State \$0			
d. Local \$0			
e. Other \$1,563,433			
f. Program Income \$4,301,990			
g. Total \$ 19,005,423			
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative Benjamin Y. L. Dimond		b. Title Acting Director, Budget and Fiscal Svcs.	c. Telephone Number (808) 523-4616
d. Signature of Authorized Representative 		e. Date Signed 07/12/02	

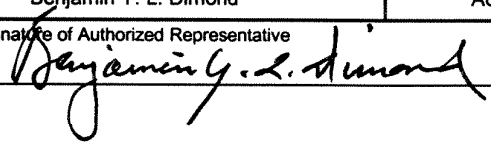
Application for Federal Assistance

		2. Date Submitted	Applicant Identifier
1. Type of Submission: Application: Construction Preapplication:	3. Date Received by State		State Application Identifier
	4. Date Received by Federal Agency		Federal Identifier
5. Applicant Information			
Legal Name City and County of Honolulu		Organizational Unit Department of Budget and Fiscal Services	
Address 530 South King Street, 3rd Floor Honolulu, HI 96813 City and County of Honolulu		Contact Jean Tanji (808) 523-5067	
6. Employer Identification Number (EIN): 996001257		7. Type of Applicant: Other - City and County	
8. Type of Application: Type: Continuation			
		9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development	
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.239 Assistance Title: HOME Investments Partnership		11. Descriptive Title of Applicant's Project: Eighth (8th) Year Consolidated Plan	
12. Areas Affected by Project: City and County of Honolulu			
13. Proposed Project:		14. Congressional Districts of:	
Start Date 07/01/02	End Date 06/30/03	a. Applicant First and Second	b. Project First and Second
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process? Review Status: Program not covered	
a. Federal \$4,727,000			
b. Applicant \$0		17. Is the Applicant Delinquent on Any Federal Debt? No	
c. State \$0			
d. Local \$0			
e. Other \$1,366,614			
f. Program Income \$322,430			
g. Total \$ 6,416,044			
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative Benjamin Y. L. Dimond	b. Title Acting Director, Budget and Fiscal Svcs.	c. Telephone Number (808) 523-4616	
d. Signature of Authorized Representative 		e. Date Signed 07/12/02	

Application for Federal Assistance

		2. Date Submitted	Applicant Identifier
1. Type of Submission: Application: Construction Preapplication:	3. Date Received by State		State Application Identifier
	4. Date Received by Federal Agency		Federal Identifier
5. Applicant Information			
Legal Name City and County of Honolulu		Organizational Unit Department of Budget and Fiscal Services	
Address 530 South King Street, 3rd Floor Honolulu, HI 96813 City and County of Honolulu		Contact Jean Tanji (808) 523-5067	
6. Employer Identification Number (EIN): 996001257		7. Type of Applicant: Other - City and County	
8. Type of Application: Type: Continuation			
		9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development	
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.231 Assistance Title: Emergency Shelter Grants Program		11. Descriptive Title of Applicant's Project: Eighth (8th) Year Consolidated Plan	
12. Areas Affected by Project: City and County of Honolulu			
13. Proposed Project:		14. Congressional Districts of:	
Start Date 07/01/02	End Date 06/30/03	a. Applicant First and Second	b. Project First and Second
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process? Review Status: Program not covered	
a. Federal \$457,000			
b. Applicant \$0		17. Is the Applicant Delinquent on Any Federal Debt? No	
c. State \$0			
d. Local \$0			
e. Other \$0			
f. Program Income \$0			
g. Total \$ 457,000			
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative Benjamin Y. L. Dimond	b. Title Acting Director, Budget and Fiscal Svcs.	c. Telephone Number (808) 523-4616	
d. Signature of Authorized Representative 		e. Date Signed 07/12/02	

Application for Federal Assistance

		2. Date Submitted	Applicant Identifier
1. Type of Submission: Application: Construction Preapplication:		3. Date Received by State	State Application Identifier
		4. Date Received by Federal Agency	Federal Identifier
5. Applicant Information			
Legal Name City and County of Honolulu		Organizational Unit Department of Budget and Fiscal Services	
Address 530 South King Street, 3rd Floor Honolulu, HI 96813 City and County of Honolu		Contact Jean Tanji (808) 523-5067	
6. Employer Identification Number (EIN): 996001257		7. Type of Applicant: Other - City and County	
8. Type of Application: Type: Continuation		9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development	
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.241 Assistance Title: Housing Opportunities for Persons with AIDS		11. Descriptive Title of Applicant's Project: Eighth (8th) Year Consolidated Plan	
12. Areas Affected by Project: City and County of Honolulu			
13. Proposed Project:		14. Congressional Districts of:	
Start Date 07/01/02	End Date 06/30/03	a. Applicant First and Second	b. Project First and Second
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process?	
a. Federal	\$438,000	Review Status: Program not covered	
b. Applicant	\$0		
c. State	\$0	17. Is the Applicant Delinquent on Any Federal Debt? No	
d. Local	\$0		
e. Other	\$11,767		
f. Program Income	\$0		
g. Total	\$ 449,767		
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative Benjamin Y. L. Dimond	b. Title Acting Director, Budget and Fiscal Svcs.	c. Telephone Number (808) 523-4616	
d. Signature of Authorized Representative 		e. Date Signed 07/12/02	

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
CDBG	0	13,140,000	0	0	1,563,433	4,301,990	19,005,423
HOME	0	4,727,000	0	0	1,366,614	322,430	6,416,044
ESG	0	457,000	0	0	0	0	457,000
HOPWA	0	438,000	0	0	11,767	0	449,767
Grand Totals	0	18,762,000	0	0	2,941,814	4,624,420	26,328,234

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

Funding Sources

Entitlement Grant (includes reallocated funds)

CDBG	\$13,140,000
ESG	\$457,000
HOME	\$4,727,000
HOPWA	\$438,000

Total		\$18,762,000
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Prior Years' Program Income NOT previously programmed or reported

CDBG	\$0
ESG	\$0
HOME	\$0
HOPWA	\$0

Total		\$0
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Reprogrammed Prior Years' Funds

CDBG	\$1,563,433
ESG	\$0
HOME	\$1,366,614
HOPWA	\$11,767

Total		\$2,941,814
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Total Estimated Program Income

CDBG	\$4,301,990
HOME	\$322,430

Total		\$4,624,420
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Section 108 Loan Guarantee Fund

\$0

TOTAL FUNDING SOURCES

\$26,328,234

Other Funds

\$0

Submitted Proposed Projects Totals

\$26,328,234

Un-Submitted Proposed Projects Totals

\$0